

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90409 038 \*\*\*\*61.25

|  |   |  |  |
|--|---|--|--|
| <b>DOCUMENT # N03000001098</b><br>1. Entity Name<br><b>EVERGREEN EVANGELICAL CHURCH IN FLORIDA, INC.</b>   |   |  |  |
| Principal Place of Business<br><b>1201 N W 57TH ST<br/>TAMARAC, FL 33319</b>   |   | Mailing Address<br><b>1719 CORAL RIDGE DRIVE<br/>CORAL SPRINGS, FL 33071</b>   |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>210 NE 3rd Street</b>   |   | 3. Mailing Address<br><b>1201 Delray Lakes DR</b>  |  |
| Suite, Apt. #, etc.<br><b>U.S.A</b>  |   | Suite, Apt. #, etc.<br><b>U.S.A</b>  |  |
| City & State<br><b>Pompano Beach FL</b>  |   | City & State<br><b>Delray Beach FL</b>   |  |
| Zip<br><b>33060</b>  |   | Zip<br><b>33444</b>  |  |
| Country<br><b>U.S.A</b>  |   | Country<br><b>U.S.A</b>  |  |
| 4. FEI Number<br><b>36-4523068</b>   |   | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   | <b>\$8.75 Additional Fee Required</b>  |  |
| 6. Name and Address of Current Registered Agent<br><b>BAN, CHANG B<br/>1000 CORAL RIDGE DR #103<br/>CORAL SPRINGS, FL 33071</b>  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |  |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  |   |  |  |
| SIGNATURE <u><b>EUN SOOK OMEILL</b></u> <u><b>Eun Sook Omeill</b></u> <u><b>4-24-08</b></u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |   |  |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>               |  |
| <b>Make check payable to<br/>Florida Department of State</b>   |   |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DP<br>BAN, CHANG B<br>1000 CORAL RIDGE DR #103<br>CORAL SPRINGS, FL 33071 <div style="text-align: right;"><input type="checkbox"/> Delete</div>               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DS<br>KIM, EUNMYUNG S<br>1719 CORAL RIDGE DRIVE<br>CORAL SPRINGS, FL 33071 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DS<br>EUN sook omeill<br>1201 Delray Lake DR<br>Delray Beach FL 33444 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>KIM, IL HOE<br>7801 E. TREASURE DRIVE, #502<br>N. BAY VILLAGE, FL 33141 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>MOON, HYE, J<br>13091 PARKSIDE TERR<br>COOPER CITY FL 33330 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>CHANG, IM CHO<br>12320 N.W. 26 STREET<br>PLANTATION, FL 33323 <div style="text-align: right;"><input type="checkbox"/> Delete</div>                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>KANG, BYUNG M<br>9217 RAMBLEWOOD DRIVE, #921<br>CORAL SPRINGS, FL 33071 <div style="text-align: right;"><input type="checkbox"/> Delete</div>            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <div style="text-align: right;"><input type="checkbox"/> Delete</div>   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |   |  |  |
| <b>SIGNATURE: <u>EUN SOOK OMEILL</u> <u>Eun Sook Omeill</u> <u>4-24-08</u></b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>   |   |  |  |